## PUBLIC PROGRAMS IN THE ARTS AWARD CERTIFICATION FORM

Applicants should read the guideline instructions before completing this form. Form can be handwritten or typed in 12-point font. Fill in all fields.

Applicant/Organization (IRS name)			
Contact Name and Title			
Street Address			PO Box
City	_State	Zip	County
Phone-Day-	Fa	x	_
E-mail	Web-	site Applicant i (see page 6)	
Period of support: Start Date	End	Date	
♦ U.S. Congressional District 1□ OR Distric	t 2□	♦ Legislative	e District
Number of years doing business in Idaho		eral Tax ID# _ uired)	
In a one-page, narrative, describe how you vand budget form.	vill use th	ese funds. Att	tach to certification page
If you have received a grant, did you submit	the requi	red final repor	t? □yes □no
Authorizing Signatures - I certify that the info attachments and support materials, is true at read and agree to comply with the Legal Red	nd correc	t to the best o	f my knowledge. I have
Authorized Staff/Project Coordinator			Date
Financial Officer			Date
Authorizing Official (person able to legally of	oligate the	applicant)	Date

## **PPA BUDGET FORM 5-A**

Applicants should read the guideline instructions before completing this form. Form can be handwritten or typed in 12-point font. Fill in all fields.

Organization:	_			
Your fiscal year begins	and ends _			
Expenses for the past fiscal year should be accincome and expenses vary more than 25% in one additional page referencing the categorie	specific line it	tems from one	year to the n	ext, include
INCOME	Past Fiscal Year (actual)	Past Fiscal Year (actual)	Last Fiscal Year (actual)	Current Fiscal Year (budget)
EARNED				
Admissions Contracted Services Other			\$ \$ \$	\$ \$ \$
CONTRIBUTED				
Corporate Support Individual Support Foundation Support Government Support – Federal Government Support – State (incl. ICA) Government Support – Local Cash			\$ \$ \$ \$ \$	\$ \$ \$ \$ \$
TOTAL CASH INCOME	\$	\$	\$	\$
TOTAL IN-KIND CONTRIBUTIONS			\$	
EXPENSES	Past Fiscal Year (actual)	Past Fiscal Year (actual)	Last Fiscal Year (actual)	Current Fiscal Year (budget)
Personnel (include salary and benefits) Outside Fees and Services Production Space/Facilities Travel Marketing/Promotion Other Expenses SUBTOTAL OPERATING EXPENSES	\$	\$	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$
Capital Expenses			\$	\$
TOTAL EXPENSES	\$	\$	\$	\$

## PPA IN-KIND CONTRIBUTIONS – Itemize here

Organization
Organization

**In-Kind contributions** are goods and services, donated by individuals and organizations other than the applicant, that can be given a cash value. They directly benefit the proposed activity, demonstrate community support, and must correspond with project expenses. They do not include staff salary and benefits that are part of day-to-day operations.

Calculate donated goods and services at fair market value.

DONATED ITEMS or SERVICES	CONTRIBUTOR	CASH VALUE
Total Outside Fees and Services		
Artistic (guest artists, other) \$		
Volunteers (technical, admin, other) \$		
Other		
Space/Facilities Rental		
Travel \$		
Marketing/Promotion \$		<del></del>
Capital Donations* (itemize) \$		<del></del>
\$		
\$		
Operating Expenses* (itemize) \$		
\$		
\$		

TOTAL IN-KIND CONTRIBUTIONS:	\$
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For definitions see glossary in the Idaho Commission on the Arts Guidelines or visit our website @www.arts.idaho.gov